

Liquor Control Board, Licensing and Regulation Division PO Box 43098 Olympia WA 98504-3098 Phone: (360) 664-1600 Fax: (360) 753-2710

www.liq.wa.gov

Spirits, Beer, and Wine Restaurant Food Service Acknowledgment

Trade Name		me License No
I understand that in order to obtain and maintain a spirits, beer and wine restaurant liquor license, I must meet the following requirements (as outlined in WAC 314-16-190, WAC 314-02-035, and RCW 66.24.410(2)).		
• Ma	* * * *	ain a menu offering at least five different complete meals: A "complete meal" means an entree plus at least one additional course. The entrees can be meat, fish, fowl, eggs, vegetarian meat substitutes, pasta or a combination thereof. The entrees must be heated by means of baking, roasting, broiling, or grilling, and must require the use of a dining implement to eat. One of the five entrees may consist of a deep fried item or pizza The food items necessary to prepare the complete meals must be kept on the premises and must be edible.
		de complete meals at least five hours per day between 11 a.m. and 11 p.m., at least five per week, plus any other day liquor is sold or served.
		premises are 100% dedicated dining area (no lounge or game rooms), complete meal embed must be available at all times liquor is available for sale, service, and consumption.
		ours of complete meal service must be conspicuously posted on the premises or listed menu.
re	spoi	f or cook must be on duty during complete meal hours. This person must be primarily nsible for the preparation of meals with the kitchen being his/her principal work station additional duties must be incidental).
		de the hours complete meals are served, maintain minimum food service any time liquor d or served: This minimum food service must include sandwiches and/or short orders such as deep fried foods, hors d'oeuvres, soup or chili. Snacks such as peanuts, popcorn or chips do not meet this requirement. Notice of the availability of this minimum food service must be conspicuously posted or listed on the menu.
• Ma	ainta	ain kitchen equipment necessary to support the required complete meals.
I certi	fy by	y my signature below that I meet the above requirements.

Date

Licensee/Applicant Signature